

TACTICAL RESPONSE REPORT/Chicago Police Department

1 DATE OF INCIDENT 04-NOV-2011		TIME 17:29:00		2 ADDRESS OF OCCURRENCE		3 LOCATION CODE 291		4 BEAT/SECTOR 0933		
MEMBER INVOLVED	5 POSITION 9161	6 LAST NAME	7 FIRST NAME	8 STAR NO. 17803	9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10 RACE CODE S	11 AGE	12 HT 507	13 WT 190	
	14 DATE OF APPT 17-DEC-2001	15 EMPLOYEE NO.	16 UNIT & BEAT OF ASSIGNMENT 009 0931	17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18 MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	20 LAST NAME	21 FIRST NAME	22 M.I.	23 SEX <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24 RACE	25 D.O.B.	26 HT.	27 WT		
SUBJECT INFORMATION	28 ADDRESS		29 TELEPHONE NO	30 WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		
	33 WHERE WAS MEDICAL TREATMENT OBTAINED?		34 BY WHOM?	35 CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid						
	36 CHARGES PLACED		<input checked="" type="checkbox"/> DNA		37 CB NO.		IR NO.		<input checked="" type="checkbox"/> DNA	
REASON FOR USE OF FORCE (Check all that apply)	38 PASSIVE RESISTER		39 ACTIVE RESISTER		40 ASSAULT/ASSAULT		41 ASSAULT/BATTERY		42 ASSAULT/DEADLY FORCE	
	SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____	
WEAPON DISCHARGE INCIDENT	MEMBER'S RESPONSE MEMBER PRESENCE <input type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON WITH AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Sagely Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____		FIREARM <input type="checkbox"/> OTHER _____	
	43 OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		44 ADDITIONAL INFORMATION OEMC NOTIFIED @ 1729 HRS...009 DESK (SGT.HITEY#1227), SGT.VUCKO#1306 AND W/C (CPT.JOHNSON#106) NOT@1735HRS...OPS COMM NOT@1845HRS...IAD(SGT.COCHRAN) NOT@1850HRS. IPRA (JOHNSON#10906) NOTIFIED @1913HRS LOG#1049806. ANIMAL BITE #11-							
CASE INFO.	POSITION		STAR NO		UNIT		45 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER			
	46 TASER DART ID NO.		47 WEAPON SERIAL NO. (Include Lot #)		48 MAKE/MANUFACTURER SPRINGFIELD ARMOYR M1A		49 MODEL XD45		50 BARRREL LENGTH 4.0	
	51 SPECIAL WEAPON CERTIFICATE NO		52 PROPERTY INVENTORY NO.		53 TYPE OF AMMUNITION USED Department Issued		54 NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		55 TOTAL NO. OF SHOTS MEMBER FIRED 1	
	56 WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		57 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		58 NO. OF CARTRIDGES/SHOT SHELLS RELOADED		59 HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		60 DID MEMBER USE EIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	
	61 HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		62 SPECIFY METHOD/EQUIPMENT USED TO RELOAD		63 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE		64 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input checked="" type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		65 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input checked="" type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	
	66 NOTIFICATIONS (OC OR TASER INCIDENT): OEMC <input type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR.		67 NOTIFICATIONS (FIREARM INCIDENT): OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV.		68 Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		69 REPORTING MEMBER (Print Name) RAMOS, YASIR C		STAR/EMPLOYEE NO. 17803	
	70 SIGNATURE 04-NOV-2011 19:42:06		71 SIGNATURE		72 SIGNATURE		73 SIGNATURE		74 SIGNATURE	
	75 REVIEWING SUPERVISOR (Print Name) VUCKO, JASON M		STAR NO. 1306		76 SIGNATURE		DATE REVIEWED 04-NOV-2011 19:43:06		TIME	

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☒ DNA☐ REFUSED☐ UNABLE TO INTERVIEW (Specify Reason)

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

A pit bull had attacked the officer and was biting his leg. The officer had no other recourse to prevent great bodily harm.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CDNO 1049806 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

JOHNSON, ROBERT R

SIGNATURE

DATE COMPLETED TIME

04-NOV-2011 19:53:00

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF

☐ SUPPLEMENTARY REPORT☐ I.O.D. REPORT☐ CASE REPORT☐ OFFICER BATTERY REPORT☐ CRIMINATION REPORT☐ ARREST REPORT☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

80. TOTAL TRR'S THIS EVENT No.

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